## PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) 7590 09/26/2003

**NIXON & VANDERHYE** 1100 NORTH GLEBE ROAD 8TH FLOOR ALEXANDRIA, VA 22201



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(Depositor's name) (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/925,321	09/08/1997	TAPANI J VUORINEN	30-336	5399

TITLE OF INVENTION: METHOD OF TREATING CELLULOSIC PULP TO REMOVE HEXENURONIC ACID

APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL F	EE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	330 0	\$0	12/26/ 1330- 3 12/26/		12/26/2003
EXAMINER ALVO, MARC S		ART UNIT		CLASS-SUBCLASS	】.	, <b>-</b> 0 -	
				162-065000	_		
Change of correspondence address or indication of "Fee Address" (37 FR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or			Nixon	& Vanderhye P.
Change of correspond	ence address (or Change of Co	rrasnondanca	agents Of	R, alternatively, (2) the name	of a single	<del></del>	

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/I22) attached.

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firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Nixon	<u>۸</u>	Vanderhye	P.C
2			
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

AND THE ON

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Please check the appropriate assignee category or cate	gories (will not be printed on the patent);	individual	Corporation or other private group entity	☐ government			
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):						
<b>X</b> Issue Fee	XX A check in the amo	ount of the fee(s)	is enclosed.				
☐ Publication Fee	☐ Payment by credit of	☐ Payment by credit card. Form PTO-2038 is attached.					
☐ Advance Order - # of Copies	XX The Director is he Deposit Account Num	reby authorized iber 14-	by charge the required fee(s), or credit any -1140 (enclose an extra copy of this	overpayment, to form).			
Director for Patents is requested to apply the Issue Fee	e and Publication Fee (if any) or to re-apply	any previously p	paid issue fee to the application identified abo	ve.			
(Authorized Signature)	(Date)		."				
Bryan H. Davidson, 30,251		19/17/2007	8 AUDNDAF2 00000144 08925321				
NOTE; The Issue Fee and Publication Fee (if requother than the applicant: a registered attorney or	uired) will not be accepted from anyone largent: or the assignee or other party in	15/1//5000		_			
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